

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
Gillibrand for Congress**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign CommitteeMailing Address 430 S Capitol St SE  
Fl. 2

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement  
CatererCandidate Name  
Democratic Congressional Campaign CommitteeCategory/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2008 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D145412

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	5	/	2	0	0	7

Amount of Each Disbursement this Period

372.90

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

\* in-kind received

**B.** Full Name (Last, First, Middle Initial)  
SEIU Communications Center, Inc.Mailing Address 330 W 42nd St  
Attention: Rolando King, Dir. of A

City New York State NY Zip Code 10036-6967

Purpose of Disbursement  
Refund

Candidate Name

004  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D145912

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	5	/	2	0	0	7

Amount of Each Disbursement this Period

-7521.92

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53**C.** Full Name (Last, First, Middle Initial)  
LexisNexis

Mailing Address PO Box 72477090

City Philadelphia State PA Zip Code 19170-0001

Purpose of Disbursement  
Purchased Research

Candidate Name

001  
Category/  
TypeOffice Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2006 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D146172

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	0	/	2	0	0	7

Amount of Each Disbursement this Period

324.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) .....

-6825.02

TOTAL This Period (last page this line number only) .....